

Pre Amended 7/24/07  
New Class

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101567681

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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38	/					
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40	/	/				
41	/	/				
42	/	/				
43	/	/				
44	/	/				
45	/	/				
46	/	/				
47	/	/				
48	/	/				
49	/	/				
50	/	/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53	/					
54		/				
55		/				
56		/				
57		/				
58		/				
59	/	/				
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97						
98						
99						
100						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	40					